

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistrar's No. 257Registration District No. 1415 Primary Registration District No. 8521

1. PLACE OF DEATH: (a) County <u>Warren</u> (b) City or town <u>Rural</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Warren</u> (c) City or town <u>Rural</u> (If outside city or town limits, write RURAL) (d) Street No. <u>Bristow</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years
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3(a) FULL NAME <u>John Alford</u>	3(c) Social Security
3(b) If veteran, Name was <u>Spanish American No.</u>	

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6(a) Single, widowed, married, divorced <u>married</u>
6(b) Name of husband or wife <u>Marthie Alford</u>	6(c) Age of husband or wife if alive <u>53</u> Years	
7. Birth date of deceased <u>March 24, 1881</u> (Month) (Day) (Year)		

8. AGE: Years <u>62</u> Months <u>7</u> Days <u>0</u> If less than one day hr. min.	MEDICAL CERTIFICATION	
9. Birthplace <u>Warren Co. Ky.</u>	20. DATE OF DEATH <u>Sept. 24, 1943</u>	
10. Usual occupation <u>None</u>	21. I hereby certify that I attended the deceased from <u>Sept 10, 1943</u> to <u>Sept 24, 1943</u> that I last saw him alive on <u>Sept 10, 1943</u> and that death occurred on the date stated above at <u>5:10 P. M.</u>	

11. Industry or business _____	Immediate cause of death <u>Hypertensive Cardiac Necrosis</u>	DURATION
	Due to <u>Disease</u>	
	Other conditions <u>Chronic Nephritis</u> (Include pregnancy within 3 months of death)	

FATHER	12. Name <u>Callie Alford</u>	Major findings:
	13. Birthplace <u>Kentucky</u>	Of operations _____
MOTHER	14. Maiden name <u>Malissie Gelf</u>	Of autopsy _____
	15. Birthplace <u>Kentucky</u>	

16(a) Informant's own signature <u>Marthie Alford</u>	22. If death was due to external causes, fill in the following:
(b) Address <u>Bowling Green R#6</u>	(a) Accident, suicide, or homicide (specify) _____
17. BURIAL, CREMATION, OR REMOVAL	(b) Date of occurrence <u>Sept 24, 1943</u>
Place <u>mt. Zion</u> Date <u>Sept 24, 1943</u>	(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

18(a) Signature of funeral director <u>W. L. Ellis</u>	While at work? <u>No</u> (e) Means of Injury _____
(b) Address <u>Hadley's</u>	23. Signature <u>W. L. Ellis</u>
19(a) <u>11-4-43</u> (Date received by local registrar)	(M. D. or other) <u>10-27-43</u> Date signed
(b) <u>W. L. Ellis</u> (Registrar's signature)	

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVE FOR BINDING